

08-22-01

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08/20/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket Number 500615.20144

First Inventor or Application Identifier Tsutomu Baba

Title POWER FAILURE MANAGING DEVICE AND METHOD FOR MANAGING A POWER FAILURE

Express Mail Label No. EL 915669697 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> -Descriptive title of the Invention -Cross References to Related Applications -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) [Total Sheets 4]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see §§ 37 CFR §1.63(d)(2) and 1.33(b) c. <input checked="" type="checkbox"/> Unsigned </p> <p>NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p> <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>		
ACCOMPANYING APPLICATION PARTS		
<p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 CFR § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Applicant Claims Small Entity Status</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p>		

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. ____/

Prior application information: Examiner ____

Group/Art Unit: ____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below		
NAME		Eugene LeDonne, Esq.			
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Signature	Eugene LeDonne		
	Date	August 20, 2001	

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FEE TRANSMITTAL for FY 2000

Application No.	Unknown	Filing Date:	August 20, 2001
First Named Inventor	Tsutomu Baba	Group Art Unit:	Unknown
Examiner Name:	Unknown	Attorney Docket No.	500615.20144

METHOD OF PAYMENT (Check one)

1. Payment Enclosed: Check Money Order Other

2. The Director is hereby authorized to charge indicated fees to:

2a. Charge any additional fee required under 37 CFR 1.16 and 1.17 and and credit any over payments to:

Deposit Account Number 50-1529

Deposit Account Name Reed Smith, LLP

FEE CALCULATION (fees effective 10/1/00)

1. BASIC FILING FEE

Large Entity Fee Code	(\$)	Small Entity Fee Code	(\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)				(\$710)	

2. EXTRA CLAIM FEES

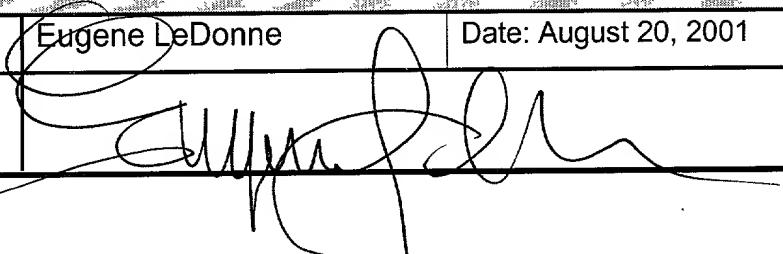
	**No. of Claims	Extra Claims	Fee from Below	Fee Paid
Total Claims	7	-20 =	0	0
Independent Claims	2	-3	0	0
X Multiple Dependent Claims		0	x 270 =	0
SUBTOTAL (2) (\$)				0

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	581	40
102	80	202	40	Independent claims in excess of 3	581	40
104	270	204	135	Multiple dependent claim	Recording each patent assignment per property (times number of properties).	\$ 0
109	80	209	40	Reissue independent claims over original patent	Other:	
110	18	210	9	Reissue claims in excess of 20 and over original patent	SUBTOTAL (3)	\$710

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Eugene DeDonne	Date: August 20, 2001	Reg. Number	35,930
Signature			Deposit Account User ID	50-1529